

Entered - 11-24-09 sb

CL 09L0910 GWENDOLYN BURNS

CLAIM OF: **NORRIS L. WRIGHT**
THROUGH HIS ATTORNEY,
JAMES J. KELLEHER, ESQ.
MORGAN & MORGAN
191 Peachtree Street
Suite 4200
Atlanta, Georgia 30303

10- R -0205

For bodily injuries alleged to have been sustained when a tree limb fell on October 6, 2009 at 250 Georgia Avenue, SE.

THIS ADVERSED REPORT IS APPROVED

BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 1/26/10

CHAIR: _____

[Signature]
[Signature]

FEB 01 2010

ADVERSED BY
CITY OF ATLANTA

FEB 01 2010



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON
MUNICIPAL CLERK

February 9, 2010

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6030
FAX (404) 658-6273

Mr. James J. Kelleher, Esquire
Morgan & Morgan
191 Peachtree Street
Suite 4200
Atlanta Georgia 30303

10-R-0205

RE: Norris Wright

Dear Mr. Kelleher

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on February 1, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0910

Date: December 15, 2009

Claimant /Victim NORRIS L. WRIGHT
BY: (Atty) (Ins. Co.), JAMES J. KELLEHER, ESQ., MORGAN & MORGAN
Address: 191 Peachtree Street, Suite 4200, Atlanta, Georgia 30303
Subrogation: Claim for Property damage \$ Bodily Injury \$ unspecified
Date of Notice: 11/18/09 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/6/09 Place: 250 Georgia Avenue, SE
Department PARKS, RECREATION & CULTURAL AFFAIRS Bureau: Parks Office:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that he sustained bodily injuries when he was struck by a tree limb that had fallen while walking to the Georgia Hill Recreation Center. However, a check of City records does not show that the City was on not on notice of a problem at the incident location prior to the event involving the claimant.

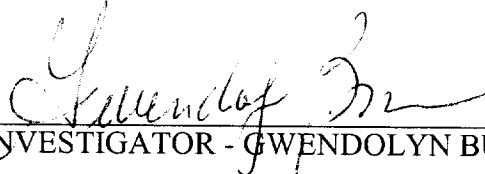
INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report X Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation
Claims Manager: Concur/date 1/12/10
Committee Action: Council Action

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A PROFESSIONAL ASSOCIATION

Attorneys
At Law

REPLY TO ATLANTA

November 3, 2009

CERTIFIED MAIL RETURN RECEIPT

(1069263)

ENTERED - 11-24-09 - SB
 09L0910 - G. BURNS

RISK MANAGEMENT DEPARTMENT

Georgia Hill Neighborhood Center

250 Georgia Avenue, S.E.

Suite 102

Atlanta, GA 30312

RE: Our Client: Norris L. Wright
 Your Insured: City of Atlanta
 Date/Loss: 10/6/2009
 Policy: PLEASE ADVISE
 Claim: PLEASE ADVISE

Dear Sir or Madam:

Please be advised our office represents Norris L. Wright in a claim for damages, resulting from a **tree branch falling** involving your insured, as referenced above. The claim that may be made against your insured is one involving personal injury, medical expenses, lost wages, pain and suffering and other necessary expenses flowing from the alleged negligence of your insured. The purpose of this correspondence is to request and demand, pursuant to O.C.G.A. § 33-3-28(a)(1) the following information:

1. Any and all known policies of insurance insuring the above-referenced policy holder. Said insurance shall include any excess umbrella insurance.
2. The exact name of the insurer.
3. The name of each insured.
4. The limits of coverage.

—For The People—

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November 3, 2009
Page 2

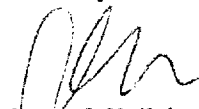
10- R -0205

If you have a medical authorization executed by our client, be advised that it is to be considered void as of this notice of representation. Please send your original signed authorization to our office at your earliest convenience. Failure to comply with this request will result in further action.

You may provide a copy of the declaration page of any policy insuring the above insured in lieu of providing the above-described information. The information requested herein, pursuant to the above-stated Code section, should be provided within 60 days of the receipt of this correspondence. Should you have any questions regarding this matter, please feel free to contact me.

Please direct any further communications with our client regarding this matter to my office to the attention of my Case Manager, Paula R Walker.

Sincerely



James J. Kelleher

JJK/ PRW/prw

cc: Norris L. Wright

RCS# 42
2/01/10
2:07 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 1

B Smith	Y Archibong	Y Moore	Y Bond
NV Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
Y Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I